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Social Workers' Perspectives of Depression In Baby Boomers Born Between 1946 and 1955

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Walden University
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Abstract

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MA, University of Northern Colorado, 1997

BS, Oklahoma State University, 1981

Dissertation Submitted in Fulfillment

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Abstract

As the leading-edge baby boomer (L-E boomer) cohort continues to age, demands of mental health services in treating diagnosed depression in this cohort are increasing. Licensed clinical social workers (LCSWs) are the most likely social workers to provide services to L-E boomers diagnosed with depression. LCSWs were the chosen participants for this generic qualitative study to gain knowledge of their perspectives of working with L-E boomers diagnosed with depression. Grounded in generational theory, this study used a generic qualitative approach allowing for nonrestrictive measures for capturing the data. NVIVO assisted in coding the data and identification of common themes, words, and patterns. The five themes which emerged from the results are as follows: (a) obstacles to successful client therapy, (b) emergence of Covid 19, (c) rewarding experiences that derived from working with L-E boomers, (d) the role that the use of drugs and alcohol played with L-E boomers, and (e) cultural aspects of L-E boomers that surfaced during therapy sessions Positive social change was recognized in providing a better understanding of the changes needed to improve services for depression for this cohort as it is an illness commonly found with L-E boomers. This study also addressed a shortage of LCSWs interested in specializing in careers that provide treatment for depression of L-E boomers. A better understanding of some of the misconceptions that prevail in working as a LCSW for this cohort may entice potential LCSWs to choose gerontological social work. This may help meet the demands for mental health services with treatment for depression for L-E boomers.

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Chapter 1: Introduction to the Study

Introduction

The leading edge of the baby boomer generation represented by persons aged 65 and older is significant as it places an increased demand on mental health resources and services. U.S. Census Bureau demographer Vespa (2018) claimed that the older adult population will outnumber the population of children by the year 2035. In 2016, the number of older adults totaled 49.2 million, and it is expected to rise to 78 million by 2035 (Vespa, 2018). Census analysts Colby and Ortman (2014) asserted that the baby boomer cohort (those born between 1946 and 1964) are known for the significant rise in the birth rate post-World War II. Also significant is the prolonged length of time the birth rate remained at a high level. The main component behind the increased rate of older adults is the large number of those included in the baby boomer cohort (Vespa, 2018). These facts lead to an urgency for studies to emerge that will help satisfy the influx of mental health needs based on the size of the baby boomer cohort.

According to the National Institute of Mental Health (NIMH 2018), as adults age, they experience changes such as deaths of loved ones, retirement, stress-producing life events that include relocation, and medical issues. These changes may lead to the onset of depression in adults aged 65 and older. Depression is a medical condition that disrupts daily routine and the ability to function with symptoms such as tiredness, hopelessness, loss of enjoyable activities and interests, and problems with sleeping and eating (NIMH, 2018).

Depression is not a regular part of aging or a sign of a character flaw (NIMH, 2018). Depression does not present the same in all people as older adults may show fewer signs than other age groups (NIMH, 2016). Older adults are also more reluctant to admit symptoms of depression and are more likely to have medical issues related to depression (NIMH, 2016). Because of the significance that depression has on older adults and the rapid expansion of older adult boomers who have reached the age of 65, there was justification for this study on older baby boomers aged 65 and older who are diagnosed with depression. The reasons for examining this specific age group are to eliminate the need to address a lack of health insurance as a barrier to treatment (they are covered through Medicare) and to stay within the boundaries of the age specifications that make up the oldest segment of the baby boomer cohort or what is referred to in this study as leading-edge boomers (L-E boomers).

In this study I examined depression among baby boomers aged 65 and older from the perspectives of licensed clinical social workers (LCSWs) as these social workers normally work with older adults who have mental health issues (Bureau of Labor Statistics, 2018). A role of social workers is to treat older adults aged 65 and older with issues related to mental health (Sokolec, 2016). Social workers assist clients in solving as well as coping with their problems along with affirming diagnoses (Bureau of Labor Statistics, 2018). Several examples of different types of social workers exist with one type known as LCSW (Bureau of Labor Statistics, 2018). These social workers served as participants of this study.

Problem Statement

L-E boomers faced obstacles in getting treatment for depression. Holland et.al (2016) asserted that as they age, clients prefer programs that are easily accessible. The authors claimed that these clients work better with non-confrontational therapy and feel more at ease in age-specific treatment. Problems that occur include transportation limitations, beliefs that mental health problems such as depression are a natural part of the aging process and therefore treatment is not necessary and thinking that mental health treatment is not a viable option for older adults including L-E boomers despite evidence to the contrary (Wuthrich & Frei, 2015).

Another issue facing L-E boomers is a shortage of social work students who desire specializing in working with older adults (Chonody & Wang, 2014). This lack of interest is based on stereotypical beliefs that older adults are resistant to change and that they present with frail and weak characteristics (Chonody & Wang, 2014). The shortage of specialty social workers such as LCSWs who specifically work with older adults presents a problem in meeting the large demand for mental health treatment for this growing demographic.

Although researchers have addressed treatment for L-E boomers diagnosed with depression, there has not been a generic qualitative study that describes perspectives from LCSWs who have provided treatment for this cohort. My study captured these perspectives of LCSWs. This may inform treatment providers and

policymakers who will attempt to meet the mental health demands, specifically with depression, of L-E boomers.

Purpose

The purpose of this study was to explore the perspectives of LCSWs who have provided mental health treatment for L-E boomers diagnosed with depression.

Research Question

RQ: Based on the perspectives of LCSWs, what are their experiences working with L-E boomers diagnosed with depression?

Theoretical Framework

The theoretical framework behind this study was generational theory. This was applicable as the focus was on LCSWs' perspectives of a generational cohort, that being L-E boomers. Li, et al., (2013) stated in their study that generations of Americans of this century are divided into four categories. They are the Silent Generation, with underlying events to describe them being WWI and WWII, the Great Depression, and the Korean War; the Baby boomer generation, with events such as the Civil Rights Movement, Women's Liberation, the Vietnam War, and other historical markers; Generation X, which is associated with the oil crisis in 1973, the end of the Cold War, and the HIV-AIDS epidemic among other events; and Generation Y, which is known as such events as the end of the Soviet Union and the Information Age among other events.

Li, et al. (2013) determined in their study an understanding of tourism consumption based on attitudes and beliefs using a generational analysis. Recognizing behavior patterns based on characteristics of generations, my study utilized generational

theory as the foundation from which served to explain and understand L-E boomers based on recognizing traits from the perspectives of LCSWs. This gained a deeper understanding on LCSWs perspectives of the L-E boomer cohort who have a diagnosis of depression. It also helped to encourage potential LCSWs, in consideration of the shortage of these kinds of social workers, to choose to specialize in working with this cohort in treating depression.

The founder of generational theory was Mannheim (1952) created the core tenets of this theory that are still currently relevant. Mannheim created such concepts as generational location, which refers to the time period for birth years among members of a cohort. He further explained that those who belong to the same age group have common location sharing experiences and belief systems. These experiences affect the generation in terms of the influence of thought processes, values, and beliefs leading to descriptors of generations (Mannheim, 1952). Furthermore, those of the same generation sharing the same life phases will experience events in their younger years of life that lead to characteristics that make up the cohort. These characteristics are defined by similar beliefs, values, and traits of members from the same generation (Mannheim, 1952).

Nature of the Study

The method I used for this study was a generic qualitative approach. This has led to detailed, descriptive data from the interviews I conducted by phone with six LCSWs on their perspectives in working with L-E boomers diagnosed with depression. A general, inductive approach aligns well with a generic qualitative study. From the seminal article by Thomas (2006), this type of analysis allows for findings to emerge from themes.

These themes are significant in the raw data without having the confinements of structural methodologies. Among the reasons for using a general inductive analysis includes condensing raw data to a summarization format, enhancing transparency and justification, and arriving at a model or theory based on what emerged from the data.

In addition, using a generic qualitative approach assists in best fitting the research question instead of trying to make the question align with a certain methodological approach (Smith, et al, 2011). Keen (2018) asserted that a generic qualitative study is used for purposes of gaining boundless knowledge from the opinions and perspectives of participants. This leads to the elimination of structural aspects used in other types of qualitative designs.

Definitions of Terms

Depression: Psychological diagnosis that is used interchangeably with the diagnosis of major depression. According to the NIMH (2018), depression is considered a medical condition with symptoms disrupting daily routine and functioning. Symptoms include tiredness, feelings of hopelessness, loss of participation in enjoyable activities and interests, and disruption of sleeping and eating.

Leading-edge boomers: This cohort of the baby boomer generation are those members born between the years of 1946 and 1955.

Licensed clinical social worker: LCSWs are social workers with abilities to diagnose and treat depression after completing two years of supervised work in the field of social work. (Bureau of Labor Statistics, 2018).

Mental health treatment: Any kind of psychological intervention practiced by LCSWs in accordance with their training and credentials to treat depression for L-E boomers.

Assumptions

I assumed that participants of the study were LCSWs as deemed by the state the participants practiced in. I also assumed that these LCSWs have treated L-E boomers for depression. This assumption allows for participants to respond to interview questions related to their perspective on working with L-E boomers with depression. Another assumption was that all study participants responded to interview questions in an honest and open manner. To ensure this, I saw that all participants had a thorough understanding of all matters dealing with consent, which included security of data, confidentiality, and member checking interview responses.

As previously mentioned, I conducted interviews by phone. I assumed that as this sample represented experienced professionals made up of LCSWs, they felt comfortable expressing themselves through phone conversation. Therefore, I assumed that these participants were candid and honest about responding to the questions posed to them.

Scope and Delimitations

The participants of the study met specific criteria including working as an LCSW as this type of social worker is more likely to provide treatment for depression for L-E boomers. This is attributed to restrictions that Medicare puts in place to pay benefits for treatment of depression for older adults. Also, an LCSW typically had received education

in working with older adults and therefore had more expertise for work with these clients than nonlicensed social workers.

Location of services provided would capture LCSWs working in either inpatient or outpatient venues creating the largest opportunity in recruiting potential participants. These service locations were mental health facilities located in all areas of the United States. The LCSWs were recruited randomly by way of a mass marketing approach done by In-Focus Marketing.

Limitations

Limitations included the restrictive nature of the sample using only one type of social worker or other type of mental health clinician who would normally work with L-E boomers diagnosed with depression. Further restrictions were the sole examination of L-E boomers meant that results are not generalizable. Another limitation was that not all participants may have responded honestly and openly to the questions presented to them, which would affect the accuracy of data for the study.

Another consideration was bias on my part that may exist with the data collected. This could have been attributable to my work as a social worker in the mental health field treating adults in the age range of L-E boomers. Also, being a member of the baby boomer cohort could bring an additional bias of lacking objectivity in examination of the data analysis and interpretation. I became aware of any bias by keeping a journal of my thoughts and reactions during data collection and data analysis phases of the study.

Significance

In this study I examined perspectives of LCSWs who treat and diagnose depression of L-E boomers. Chonody and Wang (2014) asserted that a lack of effective treatment and a shortage of social workers exists when treating older adults, which includes L-E boomers. These two factors justified the need to conduct a study of this nature.

Social change may occur in the field of social work as studies such as this examined issues of depression for L-E boomers taken from the standpoint of LCSWs. Perspectives of those working with this cohort were especially valuable based on the increased demand of services that will continue to rise as baby boomers age. This study added to the body of scholarly literature as an attempt to fill the gap based on a lack of knowledge of L-E boomers diagnosed with depression. Additional insights gained by examining perspectives of LCSWs may enhance treatment approaches that are specifically designed based on characteristics of this cohort. This may also bring attention to a larger number of L-E boomers in need of treatment for depression that aligns with traits and characteristics found in this age group of older adults. Social change may occur if more L-E boomers who are seeking or may need treatment for depression are given the services needed for a better quality of life.

This study may also shed light on the shortage of social workers that are needed now and, in the future, to treat depression for L-E boomers. If a greater understanding of the traits and characteristics exclusively found in this segment of older adults is accomplished, more students may choose specializing in the field of social work working

with members of this cohort. This may help solve the growing demand of workers needed for these clients. Curriculum for social workers could be expanded to take into consideration the need to better address specific needs of this cohort based on the generational culture that describes their origins.

Summary

This study served in providing a greater understanding based on the perspectives of LCSWs who diagnose and provide mental health treatment for L-E boomers diagnosed with depression. Due to the growing number of baby boomers who have reached age 65, a greater demand for services is expected. Obstacles include the shortage of LCSWs found with this demographic who can provide insight into the needs of L-E boomers to enhance effective treatment for this cohort. Generational theory served as the framework for this study to identify the focus of the baby boomer generation and how LCSWs diagnose and treat a part of this generation. The study recruited LCSW professionals working with clients considered L-E boomers. My aim for this study was to gain insight into LCSWs' perspectives regarding working with this cohort. A generic qualitative design best suited the purpose of this study due to the design's lack of structure allowing a less restrictive approach to data collection and analysis. Social change may be realized through the potential to engage more LCSWs to work with this cohort to meet the growing demands of treatment of L-E boomers. The following chapter delves deeper into the literature available that addresses various aspects of this study. This further reinforces the need for this study to expand the existing literature available.

Chapter 2: Literature Review

Introduction

L-E boomers with depression presents an increased demand on mental health services and resources. Census analysts Colby and Ortman (2014) proposed that 1 in 5 Americans will be part of the baby boomer cohort by the year 2030. U.S. census bureau demographer Vespa (2018) claimed that in 2016, the number of older adults was 49.2 million with an expectation to rise to 78 million by the year 2035. The older adult demographic is significant due to the large number of these adults belonging to the baby boomer cohort. These facts lead to an urgent need for research studies on mental health issues, in this case of those with depression, who will be a part of the increased need for mental health services. Changes such as death of friends and family, job loss through retirement, increased isolation, and medical issues may lead to increased occurrence of depression as adults age (NIMH, 2018).

The purpose of this study was to gain more insight of the perspectives of LCSWs who work with L-E boomers diagnosed with depression. Using LCSWs as participants was appropriate. They are the most common type of social worker dealing with L-E boomers to diagnose, treat, and provide guidance to those experiencing depression (Bureau of Labor Statistics, 2018).

This chapter provides an exhaustive search of the literature using the online library of Walden. Articles examined in this chapter examined various facets related to the study. These articles included a definition of depression, the significance of depression for L-E boomers, the treatment approach that works best for this cohort,

stressors involved with aging, cultural aspects of L-E boomers, and barriers to seeking treatment for this age group to name some of the topics related to the study.

Literature Search Strategy

The primary source of literature for this review was through Walden University's online library. However, on occasion, sources were acquired by using the google search engine, especially when it came to locating government facts and statistics. The U.S. Census Bureau and the Bureau of Labor Statistics were two examples of the government sources used as an addition to the literature review to explain facts and statistics related to social workers, baby boomers, and depression.

I made a concerted effort to locate peer-reviewed journal articles published within the past 5 years of the time the actual search was made. This time restriction presented obstacles with locating relevant peer-reviewed journal articles related to the topic of this study. For example, locating articles on baby boomers born between 1946 and 1955 had to be narrowed down in certain instances to *older adults* and articles of baby boomers without any age specification if the articles discussed certain facets of the baby boomer cohort in general. Search engines used from the library included PsychInfo, SocIndex, and Business Source Complete.

Search terms included, but were not limited to, *social workers, cognitive behavioral therapy, elderly, retirement, loss, barriers to mental health treatment, social and family support systems, depression,* and *suicide*. Some terms were used in conjunction with these terms to capture the most relevant information.

Aging, Subjective Age and Leading-Edge Boomers

L-E boomers are currently experiencing the aging process affecting their cognitive, mental, physical, and social aspects of their lives. MacKinlay and Burns (2017) asserted that L-E boomers will have an impact on the new meaning of what aging entails. They go on to explain that despite the aging process that may include age-related disabilities, chronic diseases, and depression, L-E boomers have a strong desire to maintain autonomy and independence as they reach older adulthood. There is an urgent need to address factors involving aging and maintaining a sense of well-being, which includes attending to spiritual needs (MacKinlay & Burns, 2017).

Subjective age (SA), as opposed to chronological age, entails a person's beliefs and feelings about their age (Agogo et al., 2017; Cerino & Leszcynski, 2015; Dutt et al., 2018; Kwak et al., 2018). Cerino and Leszcynski (2015) discovered in their study a connection between L-E boomers who perceive themselves having a younger SA connected to having a lower level of depression. The authors also emphasized the importance of participating in community senior centers that benefit them both cognitively and physically. Agogo et al. (2017) concurred with these results in their study that took an empirical approach in examining determinants of SA.

Determinants of SA are taken from self-reported data of participants' biological, social, and mental components (Agogo et al., 2017). Studies have examined how older adults arrive at feeling younger or older than their actual age, something that affects their quality of life (Agogo et al., 2017). Agogo et al. (2017) determined that the biological determinant of aging occurs across all age groups while mental and social determinants

were prevalent among older adults. This could be in part due to the differences older people experience mentally and socially from each other leading to different outcomes. The biological determinant occurs universally with all people regardless of age.

Segel-Karpas et al., (2017) suggested that having an older SA with the belief that depressive symptoms are a natural part of the aging process, discourages help-seeking behaviors. They further explained that this outcome increases depression in relation to physical morbidity and that having an older SA decrease coping behaviors, leaving a person vulnerable to risk factors. These factors entail a neglect of physical health and a lack of self- care behaviors (Segel et al., 2017). These beliefs and behavior patterns may reduce a person's quality of life leading to enhanced vulnerabilities to higher levels of depressive symptoms. Dutt et al. (2018) suggested that managed thought processes related to mindfulness and decreased negative repetitive thoughts despite a high level of age-related losses, promoted a decline in depressive symptoms.

Considering cross-cultural factors as they relate to SA, Hess et al., (2017) explored variations in China, Germany, and the United States exhibiting a multicultural component of SA based on cultural beliefs about aging. They suggested that perspectives on aging will assist understanding of cross-cultural variations of the aging process and results thereof. They found that differing attitudes and beliefs about aging had a more of a profound impact with persons in China and Germany as they related to aging and retirement. The authors explained this by inferring the structural component of work and retirement in Germany and China that maintain mandatory retirement laws. The United

States, on the other hand, has the option to retire at whatever age a person chooses and therefore work and retirement do not play as strong of a role in determining SA.

However, leisure and recreation are viewed differently in the United States than European countries as people in the United States work more days out of the year than those in Europe with an emphasis on maintaining a strong work ethic as part of their cultural make-up. The cultural push to work hard and independently may relate to a younger SA in the United States compared to other countries. These examples help explain the different cultural components that can vary with SA. Despite cultural, mental, and behavioral aspects of SA, also considered are the physiological differences found within the brain structures related to a person's beliefs and attitudes about aging.

Kwak et al. (2018), who claims to the first to examine the anatomical foundations of the brain where SA is concerned, suggested that people with an older SA feel older than their chronological age. They explained that this may relate to more rapidly aging brain structures than those within a normal range of aging. Further, a person with a younger SA has a well-preserved and more robust brain structure than one with an older SA. In addition, these researchers found that certain regions in the brain such as the fronto-spatial dopaminergic system, plays a key role in brain health and cognitive deterioration. The authors stressed that despite whether one has an aging brain structure related to SA, attributable to having a younger SA related to a person's physical and mental active lifestyle is beneficial. This implies that the more active a person stays in later adulthood, the younger the SA, which leads to a healthier brain structure.

Barriers to Treatment

In my search in the literature, I found few studies related to L-E boomers with depression facing barriers to treatment. This could be related to surveys conducted worldwide that concluded that a small number of older adults pursue treatment for depression and other psychological disorders (Wuthrich & Frei, 2015). Wuthrich and Frei (2015) found from their study that logistical barriers such as transportation and commitments to appointment times are not significant barriers. They further concluded that a larger number of interventions should be conducted to convey effectiveness of therapy with older adults and to encourage referrals from professionals. This may help older adults with depression who are not in therapy to overcome barriers to treatment.

However, Prina et al. (2014) discovered using a multivariate design that recovery from depression in older adults was proven to have higher levels of success than in younger adults. They also found that older adults were less prone to opt out of treatment prematurely, which could account for the higher levels of recovery. The larger number of recovery successes in older adults compared to younger adults could be due to a multitude of factors such as that older adults have more time to devote to therapy. According to Prina et al. (2014), more research should reveal the nature of these differences.

Pepin et al. (2015) designed the Barriers to Mental Health Services Scale-Revised that contains 44 questions involving 10 barriers to seeking mental health treatment. These questions are categorized as five intrinsic barriers such as attitudes about getting help, stigma of having a mental health disorder, lack of knowledge and insecurity related to

psychotherapy, beliefs of not being able to find a therapist, and the idea that depression is normal (Pepin et al., 2015). The five extrinsic barriers are financial concern, ageism issues, worry about the qualifications of a therapist, lack of referrals, and transportation limitations (Pepin et al., 2015). The purpose of this article was to examine and indicate any revisions needed to the original Barriers to Mental Health Services Scale (Pepin et al., 2009) that examined the previous intrinsic and extrinsic barriers to mental health services study conducted by these researchers.

Findings within this 2009 study discovered that younger adults experienced a higher level of barriers than older adults that kept them from pursuing mental health treatment. The single most gender-related barrier discovered that men viewed stigma of having a mental health issue at a higher level than women whereas women viewed finding a psychotherapist as a more significant barrier than did men (Pepin et al., 2009). Concerns about a psychotherapist's qualifications ranked fifth among older adults suggesting that older adults may feel that there is an insufficient number of psychotherapists interested in working with their age group (Pepin et al., 2009). This has proven to be the case due to studies suggesting there are too few gerontological psychologists to meet the needs of the expanding older adult population now and the future.

Factors Related to Depression in Leading-Edge Boomers Financial and retirement

Financial and retirement factors play a significant role in the well-being of L-E boomers. The onset of the Great Recession beginning in 2008 prior to this cohort reaching the age of 65, left repercussions that were experienced upon reaching age 65

such as a marked loss in job security, a decrease in investments and retirement pensions, and foreclosures of homes that led forced relocations and a change of status from homeowner to renter. The Great Recession led to an increased rate of depressive symptoms among older adults (Cagney et al., 2014; Pruchno et al., 2017). This increase of depressive symptoms affected L-E boomers as well even though they had not yet turned the age of 65 however, the effects lasted long after the Great Recession began which therefore would have affected L-E boomers after they turned age 65 in 2011. Cagney et al. (2014) suggested that older adults living in neighborhoods with high rates of foreclosures needed additional reinforcement for the onset of depressive symptomology.

Pruchno et al. (2017) further elaborated that L-E boomers are at an increased risk of depression when it comes to loss of employment making the need for mental health treatment a priority. Along these lines, Dingemans and Henkens (2014) asserted that involuntary retirement leading to job loss produced a decline in life satisfaction along with a shortage of bridge work (temporary jobs to fill in while waiting for permanent employment). Other consequences related to retirement and depression affected the well-being of L-E boomers as it required giving up social relationships found in a work setting forcing acquirement of social relationships outside of a structured setting (Segel-Karpas, Ayalon, & Lachman, 2018). Additionally, not only is there a loss of social relationships, the lack of engagement in a daily routine leads to an increased risk of depressive symptoms (Segel-Karpas et al., 2018). Another aspect to consider with L-E boomers are policy changes with Social Security and a decline in employer-provided health insurance

prompting continued employment past the age of retirement (Rhee et al., 2016). A decline in well-being occurs when lay-offs happen coupled with limitations from health or physical disability issues (Rhee et al., 2016). Adams-Price et al. (2015) contended that boomers were more concerned about financial matters than health-related issues. Segel-Karpas et al. (2013) suggested that retirement adjustment is improved with attachment-related experiences despite a decrease in income. Avoiding attachment can exacerbate vulnerability to influences that threaten a sense of well-being.

Gender can be another factor to consider with financial factors and depression with women prone to higher rates of depressive symptoms when living in poverty-stricken situations (Kim et al., 2013). Another consideration is that women have earned less income for the same job than men leaving them with lower levels of retirement pensions and savings. However, having a sense of control over external negative financial circumstances along with adequate social support and neighborhood stability can serve as preventative measures against depression for women (Kim et al., 2013). Further, Ivey et al. (2015), based on findings from their quantitative study on neighborhoods and depressive symptoms, reported a high correlation between self-reported depression and neighborhood characteristics such as level of crime, traffic, and the perceived notion that neighborly assistance exists if they need help.

In examination of the entire L-E boomer cohort, having a loss of control over financial constraints such as acquired monetary assistance from family members, unsecured debt from commercial sources such as credit cards, and reliance on public assistance programs for food and shelter have been found to enhance depressive

symptoms (Gillen et al., 2017). Gillen et al. (2017) acknowledged that having an improved knowledge of financial stability through educational programs can contribute to a decrease in depressive symptoms. This enhanced knowledge may empower L-E boomers to feel more informed about financial situations that can lead to better decisions and a sense of feeling in control financially.

Co-occurring Disorders

Leading-edge boomers with depression are found to be prone to co-occurring disorders which can lead to barriers to treatment. An individual having both a mental health issue such as depression and a substance use disorder is referred to what is known as a co-occurring disorder (Substance Abuse and Mental Health Services Administration [SAMHSA], 2016). According to SAMHSA (2016), co-occurring disorders are a challenge to diagnose due to the complexity of symptoms and one disorder could be treated and the other goes unnoticed. This may lead to the treated disorder re- occurring as the overlooked disorder may cause a relapse. For example, if a person stops drinking but is still exhibiting symptoms of depression, these depression symptoms may promote using alcohol to self-medicate the symptoms.

Comparisons have been made between older adults and younger adults when it comes to studies on co-occurring disorders. One such study by Morse et al. (2015) found that the length of stay in residential treatment can vary among age groups with older adults with a shorter duration of treatment than their younger counterparts. Other differences were noted indicating that older adults were more inclined to internalizing their problems leaving them at a higher risk of increased symptoms of depression and

suicide (Morse et al., 2015). However, older adults were more serious about acknowledging and treating their mental health issues than were younger adults (Morse et al., 2015). Choi et al. (2014) asserted that older adults supersede other age groups for co-occurring disorders. With the growing concern for the future expansion of older adults, more resources are needed to ensure that treatment needs are met for co-occurring disorders. Choi et al. (2014) reported that older adults are less willing to acknowledge a need for treatment or engage in treatment especially for substance use disorder. The resistance found with older adults justified the complicated nature for professionals to diagnose and treat co-occurring disorders.

Given the difficulty to treat and diagnose co-occurring disorders, results derived from the Australian study done by Searly et al. (2016) postulated that providing a quality of care for L-E boomers required a closer examination regarding the knowledge base and level of competency of providers. Searly et al. (2016) further reported a growing concern for appropriate services to treat co-occurring disorders as larger numbers of adults begin the aging process. A significant part of improving professional competency is the importance of accurate screening of symptoms for L-E boomers. Barbosa-Leiker et al. (2014) determined in their quantitative study that a higher incidence of stress promotes symptoms of depression that lead to a higher risk of using alcohol to cope. Therefore, if stress levels of L-E boomers aren't taken into consideration during the screening process, alcohol use may be overlooked leading to ineffective treatment interventions.

Ineffective treatment interventions may also occur given the current public attention found in the media and political arenas on opioid misuse. Very few studies have

been done regarding opioid misuse and leading-edge boomers (Chang, 2018; Cochran et al., 2017). Cochran et al. (2017) asserted that increased focus from social workers should be placed on older adults being prescribed opioids for the possibility of misuse. Chang (2018) reports concern with the limited knowledge of opioid misuse by older adults and the increased growth of the older adult population who are being prescribed opioids.

Family and Social Support

The level and types of support networks for L-E boomers plays a significant role in how these individuals experience varying degrees of depression (Fuller-Iglesias et al., 2015; Holfreter et al., 2017; Stoeckel & Litwin, 2016). Holfreter et al. (2017) conceded that family relationships that provide strong support systems serves as protective factors against worsening depression symptoms and encouraging participation in social activities for L-E boomers.

Stoeckel and Litwin (2016) further explored various kinds of social networks with examination of functional limitations and how this relates to degrees of depressive symptoms. They contended that those who don't have a supportive network will be prone to increased levels of depression especially if functional impairments are a factor (Stoeckel & Litwin, 2016). High priority from practitioners should be given to these individuals lacking a support network to ensure the most effective levels of intervention are provided.

The size of family members lending their support along with friendships leads to a decrease in occurrence of depression (Fuller-Inglesias et al., 2015). Those who have a larger network of family than friends lead to an increased level of depression over time

(Fuller-Iglesias et al., 2015). Having a disproportionate amount of family members from friendships can bring about complex dynamics that include unresolved conflicts which can present obstacles to acquiring the benefits found in having a support network.

Social Workers and Leading-Edge Boomers

Considering the large size of the L-E boomer cohort and the increased demands placed on mental health services for older adults, a consensus found in the literature indicated a shortage of social workers for the aging population. This was justified by indicating a lack of interest by social work students for choosing to specialize in gerontological social work (Chonody & Wang, 2014; Duyan et al., 2016). Shah et al. (2017) created an approach of expanding social work training to include working with older adults. Their study indicated use of programs which include both educational classroom settings and practical experience working with older adults in a primary care setting (Shah et al., 2017). These programs use an interprofessional team approach as part of practical work in the field (Shah et al).

Implications resulted in post-graduate social workers as more competent team members with an enhanced knowledge of roles that other team members played and an improved ability to assist them with fulfilling requirements as well as better meeting the needs of their clients. These training methods may enhance the interest level of specialization work with older adults knowing that social work students are working with various types of practitioners. This team approach may lead to a stronger support network and encouragement working with the various difficulties that may arise from working with older adults.

Duyan et al. (2016) conceded that creating positive ideas related to aging and focusing on the benefits of work with L-E boomers may encourage students' desire to specialize in working with this cohort. This is accomplished through education and students' examination of their own biases and attitudes concerning older adults (Duyan et al., 2016). The combination of formal education and practical experience working with these older clients may produce a heightened interest of specializing in gerontological social work (Shah et al., 2017). Increased interest could prove to lead to social work students' specializing in older adults such as L-E boomers, alleviating the current and anticipated shortage of social workers for this cohort.

Examination of the barriers for social work students to choose this specialization includes reasons such as having a greater desire to work with other groups such as children and adolescents (Chonody & Wang, 2014). Another barrier involves a lack of exposure to older adults by social work students causing a decline in the comfort level produced by unfamiliarity (Chonody & Wang, 2014). Chonody and Wang (2014) also asserted the mistaken belief that this clientele is frail and sickly, resistant to change with negative thinking and behavioral patterns, and having a natural state of being inherently depressed and lonely. Chonody and Wang (2014) determined that Terror Management theory provides the underpinnings of their study describing ageist attitudes from students that result in increased anxiety upon examination of their own mortality. This anxiety leads to a correlation to the willingness of students' desires to work with older adults without reflecting and dealing with fears of illness and death. If barriers prevail with

social work students, a shortage of social workers willing to work with this cohort will continue thereby leading to fewer quality services for the treatment of depression.

A solution to draw students to specialize in working with older adults like leading-edge boomers include combining the curricula in the classroom experience with practical work in the field promoting actual contact with older adults (Shah et al., 2017; Smith, 2013). Curricula should include offering electives to students who have an interest in aging the ability to delve deeper into various aspects concerning leading-edge boomers with depression (Chonody & Wang, 2014). Chonody and Wang (2014) further elaborated from their findings that not only will an enhanced body of knowledge emerge for this cohort but also leads to a decreased negative attitude about aging where practical experience is applied.

Cognitive Behavioral Therapy as a Treatment Intervention for Leading-Edge Boomers

Cognitive behavioral therapy (CBT) shows a significant amount of evidence that positive change happens using appropriate methods (American Psychological Association [APA], 2017). CBT alters faulty thought patterns based on maladaptive behaviors. Gaining insight into thinking distortions and reevaluation of them through problem-solving skills are part of CBT (APA, 2017). Emphasis is placed on the client being their own therapist through use of written and non-written exercises inside and outside of the therapy session to develop necessary coping skills (APA, 2017). Clients also learn to change faulty thinking, irrational emotional states, and negative behaviors (APA, 2017). Depression later in life is expected to increase with the expansion of an aging population.

However, the amount of workforce specializing in older adults with depression doesn't match the quantity of services needed (Hobbs et al., 2018).

Across all age groups, internet-delivered cognitive behavioral therapy (iCBT) has shown to be an effective and scalable intervention that will lead to easier accessibility and convenience for L-E boomers. Hobbs et al. (2018) found that adults aged 65 and older were more likely to be male with their General Practitioner referring them to iCBT.

iCBT was an effective treatment for older adults with depression that can be a measurable, evidence-based treatment option (Hobbs et al., 2018). Other studies have been conducted with different researchers to examine the efficacy of iCBT. Silvernagel et al. (2018) conducted a study of older adults and iCBT through a randomized trial of participants with an average age of 66 with both anxiety and depression. The aim of their study was to indicate psychosocial limitations and comorbidities. Findings suggested that iCBT was shown to be effective for both anxiety and depression in older adults.

It has been shown that a limited amount of research has been conducted concerning older adults and iCBT (Hobbs et al., 2018; Silvernagel et al., 2018; Titov et al., 2015). The research that had been done indicated that therapist-guided iCBT is a more cost-effective and efficacious form for L-E boomers with depression (Titov et al., 2015). They found that the "Managing Your Mood Course" is within the realm of CBT geared for older adults with depression. This course consists of five classes submitted over eight weeks through phone and email interactions with a doctoral-level therapist (Titov et al., 2015). Positive results upon completion of the course showed lower levels of symptoms as well as being a cost-effective treatment approach for older adults (Titov

et al., 2015). This may set a precedence for designing more iCBT courses designed for older adults as a therapist-guided intervention utilizing CBT techniques promoting cost-effective treatment. iCBT is just one form of CBT treatment shown to be effective for L-E boomers with depression.

Another method of using CBT is adding mindfulness and acceptance skills which was shown to be an effective intervention for L-E boomers with depression and chronic medical illness (Marino et al., 2015). These researchers found that the enhancement of CBT to include mindfulness techniques and acceptance skills in non-clinical settings allowed opportunities for effective treatment outcomes. Not having to travel to clinical sites for treatment gives clients a way to practice these techniques in the convenience of their homes and can reach a broad range of those with physical limitations (Marino et al., 2015). On the other hand, Craner, Sawchuk, and Smyth (2016) found that group CBT and mindfulness treatment in a primary care setting produced significant improvement in depression and anxiety symptomology. It appears that the addition of mindfulness to CBT can be an efficacious treatment intervention among all ages. What is particularly significant is that it is a treatment approach that is effective in a limited number of treatment interventions for L-E boomers.

Suicide Among Leading-Edge Boomers

Researchers report that suicide among L-E boomers is a significant health problem (Choi, DiNitto, Marti, & Kaplan, 2017). Choi et al. (2017) contended that according to the U.S. National Center for Health Statistics, suicide rates increased 24% with the highest increase for those age 45 to 74 years old occurring between 1999 to

2014. The 65 to 74 age group increased to 44% and had a slight decrease for age 75 and older (Choi et al., 2017). Choi et al. (2017) found that higher suicide rates in older adults were linked to a high level of intention to die, premeditated suicide, higher levels of usage of firearms, social isolation that limits rescue attempts, and physical limitations attributing to higher degrees of lethality. These researchers asserted that disclosing an intention to suicide aids in prevention by providing intervention. Older adults with health issues are more likely to disclose intent than others as opportunities are presented based on increased contact with health care systems (Choi et al., 2017). To date, research on older adults and suicide, although surfacing, are still in its infant stages of fruition when it comes to cause and prevention (Heisel, Neufeld, & Flett, 2016).

According to Heisel et al. (2016), suicide among older adults can be classified into factors and indicators that involve determination of outcome. These researchers indicated positive results by labelling reason for living (RFLs) factors and cognitive, personality, and other indicators of health and well-being. Meaning in life factors (MIL) similarly show connections between positive psychological health and lower risk for suicide (Heisel et al., 2016). Their findings suggested that older adults, despite cognitive-affective stressors but show rates of MIL and RFLs, may be successful in overcoming difficulties, guarding against suicide ideation, and obtaining psychological healing. These researchers also found that combining factors of RFL and MIL with routine assessments and intervention strategies promote positive outcomes versus exclusively focusing on risk and pathology as determinants of suicidality.

According to Winterrowd, Canetto, and Benoit (2017), among European American communities, suicide is considered acceptable if physical illness is involved. Winterrowd et al. (2017) contended that the majority of older adult suicides were performed by men and are considered to have masculine traits of courage and determination. Bamonti et al. (2014) concurred that late life suicide occurred mostly with older men and suggested that the value placed on autonomy is a strong factor as to whether suicide would be an issue. They explained that if autonomy is threatened or lessened, there is a higher indicator that suicide will exist among older adults especially with men. Gender plays a role with the concept of value placed on autonomy with men showing to be at higher risk of suicide than women when autonomy is limited (Bamonti et al., 2014). Bamonti et al. (2014) suggested that depression in men plays a role in suicide with a loss of autonomy.

Limitations in the study conducted by Winterrowd et al. (2017) found that participants were well educated decreasing variations in attitude; also, most of the participants were women lessening the generalizability of findings. Implications from these findings recommend suicide prevention for older European American men who are educated about definitions of masculinity, physical illness, and aging as it relates to suicide (Winterrowd et al., 2017). This study shows how culture and gender affects suicidal attitudes and beliefs of older adults to contribute to more enhanced prevention efforts.

With examination of the means used for suicide by older adults including L-E boomers, Slovak et al. (2016) found that these adults were more inclined to use firearms

than their younger counterparts. These researchers also indicated that despite suicide rates being lower for older adults, they are more likely to have higher rates of completed suicides with one suicide for every four compared to one act of suicide for every 25 acts with the general population. Given the greater prevalence of depression and suicide along with the highest rate of gun ownership with older adults, Slovak et al. (2016) asserted that suicide and firearms are rarely addressed by professionals working with older adults. This leads to lost opportunities to assess for firearm safety and suicide risk of older adults. Slovak et al. (2016) found that 30% of care managers reported assessing for firearms and less than half address firearms with their older clients and family members. They also indicated that depression is the main catalyst when firearms are a part of the assessment (Slovak et al., 2016). Perhaps reasons for avoiding the subject of firearms is assuming that older adults would not choose such violent means. What also may be the case is that older people wouldn't be capable of owning firearms based on ageist attitudes despite having the highest rate of firearm ownership in the general population (Slovak et al., 2016).

Theoretical Framework

Generational theory is the theoretical framework for this study based on the focus placed on perspectives of treating and diagnosing a segment (L-E boomers) of the baby boomer generation. Attitudes and beliefs based on a generational analysis will serve as the backdrop in understanding depression issues of L-E boomers from the perspectives of LCSWs. Mannheim (1952) is known as the founder of generational theory. He explained that those who belong to the same generation will share similar experiences and belief

systems. Members of the same generation with shared experiences and beliefs influences thought processes, values, and beliefs (Mannheim, 1952). Due to similarities of these shared aspects from clients of LCSWs, patterns and themes are likely to emerge from the data collected making analysis and interpretation possible.

Summary

This literature review indicates an absence of studies conducted on LCSWs' perspectives of L-E boomers diagnosed with depression. This presents a need, based on the growing number of aging boomers who are 65 and older, for knowledge to enhance the mental health field specializing in depression illness, to service this expanding cohort. My study will attempt to do this in order to answer the research question and contribute insights into aspects that will provide information about the experiences of LCSWs who work with this cohort. It has been shown in the literature that L-E boomers with depression have special needs and circumstances which set them apart from the general population. This is based on cultural differences which set them apart from other cohorts with depression issues.

Chapter 3 will provide information about the methodology of this study and provide the rationale for reasons why a generic qualitative study is appropriate. It will show the specifics of how the study will be conducted including choosing sample size and how the results will be analyzed. Issues of trustworthiness will be addressed to add to the validity and reliability of the research.

Chapter 3 Research Method

Introduction

The purpose of this study was to unveil and explore the perspectives of LCSWs and their work in mental health concerning the experiences of treatment for L-E boomers diagnosed with depression. This chapter explains the methods and rationalization behind the exploratory nature of this generic qualitative study. Recent studies have not been done regarding perceptions of LCSWs and treatment for depression of L-E boomers. This research therefore fills a gap in literature.

Also in this chapter is a restatement of the RQ. I discuss the rationale for using a generic qualitative design, and the role that I played as researcher, and the action I took to eliminate any existing bias that I may have from a history of working in the mental health field.

The methodology section of this chapter addresses the selection of participants as a part of the recruitment process. Also discussed is the rationale for the sample size and an explanation of the arrival of the process for sample size. In addition, I discuss the data collection using a semi structured interview approach with open-ended questions. An explanation of the interview protocol including ways the data is documented and stored to meet ethical standards is included.

I discuss issues of trustworthiness throughout this chapter to demonstrate the validity and rigor of the study. According to Morse (2015), rigor is synonymous to trustworthiness in qualitative research. Morse further explained that using terms such as reliability, validity, and generalizability can describe whether rigor is established.

Credibility or validity may be achieved using strategies such as prolonged engagement. The more time that is spent with the participant in collecting data, the more rich, thick data can be obtained. Trust is a likely product of this expanded length of time as the researcher and participant are able to establish familiarity by getting to know each other.

Sample size is the most appropriate number of participants needed to establish credible data. For this study, seeking data from a participant familiar with L-E boomers led to little variation in selection of participants as all were practicing LCSWs who have worked with L-E boomers diagnosed with depression. Therefore, transferability can be accomplished due to a small amount of variation of participants.

Morse (2015) described member checking as providing the transcribed data back to the participant so that they can make additions or corrections to the data. Morse further asserted that because this information is a summation of all of the data synthesized, it might establish a dilemma for the researcher to make unnecessary changes on already established data. Member checking may there become a weak strategy to promote rigor as data is already established and deemed to be credible.

Confirmability can be derived by using reflexivity. Using first person text to describe the role of the researcher is a part of this strategy. Objectivity is promoted as a result of this strategy. Dependability can be achieved by way of audit trails or triangulation. Audit trails are used when findings are suspect or unrealistic (Morse, 2015). As measures were taken to eliminate bias from this study, audit trails were not necessary.In this study, trustworthiness was achieved by employing triangulation using

the data sources obtained from interviews. In addition, I took notes on my reflections and opinions as well as interpreted meanings gathered from the responses of the interviewees. Morse (2015) described triangulation as using two sets of data sources to answer the question. I accomplished this by using the data given from the interviewee and compared this with my notes taken in a journal evaluating my reflections of the data. Dependability of the data was accomplished by use of this strategy.

Research Design

For this research used a basic qualitative approach with a generic qualitative design. Caelli et al. (2003) defined a generic qualitative study as not bound by philosophical assumptions found in more familiar qualitative methodologies such as phenomenology or ethnography designs. Caelli et al. (2003) asserted that to achieve credibility a generic qualitative study must have four main components. These components included knowledge of the researcher's theoretical position, alignment of methodology and methods, methods used to promote rigor, and the type of analytical scope used to examine data. My study was appropriate for a generic qualitative approach that allowed nonrestrictive measures that focused on the RQ. The RQ took into consideration perspectives of social workers' experiences working with L-E boomers who are of a minimum age of 65 regarding treatment for depression issues.

Procedure

I sent recruitment flyers to professionals listed in public databases to introduce the study. Searching public databases that have the names and email addresses of LCSWs was part of the recruitment process. I emailed social workers to invite their participation.

I included a written overview of the study in the recruitment flyer that explained the purpose and procedures of the study. After receiving a response, I also provided a second email that contained an informed consent form. Those participants who had any questions concerning these forms received answers before they were asked to sign the form. I then scheduled interviews over the phone.

I used open-ended questions that related to the purpose of the study. I engaged each participant in interviews that lasted approximately 45 minutes to gather information and insight into their perspectives. Participants were reminded that they could drop out of the study at any time without consequence. I used written notes of my own thoughts and observations, an audiotape device, and member checking to enhance the reliability and validity of the study as well as to assure accuracy of the transcripts. Upon conclusion of the interviews, participants were informed that they will have the opportunity to edit or contribute additional information through a member checking procedure.

Participants

Participants of the study were non-specified in age and gender who specialized in working with baby boomers diagnosed with depression age 65 and older. Participants were licensed clinical social workers (LCSWs) who have worked in the field of mental health post-graduation from an accredited graduate school of social work. As LCSWs, they have been certified as licensed social workers by passing a written exam given through a state found in the middle of the U.S. in a large metropolitan area and completed the necessary number of hours under clinical supervision while working as a social worker. Employers of these participants included self-employment through ownership of

a private practice, hospitals with inpatient or outpatient venues of mental health programs, community mental health centers, and senior living centers. Purposeful sampling was used as it is frequently found in qualitative studies for identifying and selecting participants who offer information-rich data related to the topic of study (Palinkas et al., 2015). Approval was given by Walden's Institutional Review Board (IRB) to ensure quality assurance before the actual recruitment and data gathering process occurred.

Recruitment of participants relied primarily on flyers sent via regular mail and email to social work departments or social workers in private practices. These flyers invited LCSWs to participate in the study by explaining that open-ended interview questions will ask about their experiences working with L-E boomers diagnosed with depression and treated for at least 6 months. The flyers described in detail the type of study, the nature and purpose of the study, and informed participants that their responses will be anonymous in research reports. A range of 6 to 8 participants were adequate in reaching the saturation of responses that can be redundant and repetitive.

Although sample size is generally determined by reaching a saturation point where no new information surfaces, Malterud et al. (2016) discovered a model to determine sample size by changing emphasis based on the number of participants to placing focus on the quality of information taken from the analysis. These researchers thus found the term "information power" meaning the greater the quality and relevancy derived from a sample, the lower the number of participants needed.

Information power is determined by the aim of study, the amount of specificity describing the sample i.e., use of LCSWs only, utilization of the study's chosen theory, the quality of interactions within the interviews, and the strategy chosen for analysis (Malterud et al., 2016).

As this study met criteria for the information power model to apply to sample size, the small number of participants chosen were justified based on the similarities of the proposed responses in the interviews. All participants had worked with the same type of clients which led to similar responses from their clients to treatment based on the heterogeneous aspects of the clients.

Research Question

RQ: Based on the perspectives of LCSWs, what are their experiences working with baby boomers who were born between 1946 and 1955 diagnosed with depression?

Data Collection

Semi structured interviews using open ended questions were used to gather the data. These interviews provided an avenue to capture the participants' perspectives, thoughts, and opinions. Data collection methods took the form of phone interviews utilizing an interview protocol that contained questions and sub-questions which I wrote down participants' responses in a designated protocol notebook. To ensure accuracy, an audio recorder was used throughout the entire interview. This recorder was a stand-alone device capturing the sound from the speaker phone. Data was transcribed verbatim to provide a textual content format. Consent forms were sent back to me via email after the

participant agreed and signed the form electronically. I also initiated the phone call once an agreed upon time was set for the interview to occur.

Data Analysis

A content analysis approach was utilized in this study. This type of analysis provided organization and meaning of the data and allowed realistic conclusions (Bengtsson, 2016). To reach as much rigor and credibility as possible it was necessary to maintain trustworthiness (Bengtsson, 2016). The following list identified the steps involved with analyzing the data:

1. Coding of data was performed manually as well as with computer software such as NVivo. Hoover and Koerber (n.d.) asserted that a key aspect to qualitative analysis is having an effective means to manage large quantities of data. They concluded that NVivo is one way to effectively manage data dividing sources into externals, internals and memos. NVivo is particularly useful as it applied to most word documents, rich text formats, PDF, and plain text (Hoover & Koerber, n.d.).
2. The transcript was read several times to identify common themes, words, and patterns. NVivo was used to store and manage the chosen themes.
3. I studied and identified categories and themes that appeared to emerge from the data. Each theme and category were assigned a number to organize the content.
4. The goal was to communicate the meanings from the data gathered and organize patterns from themes that emerge.

5. Data that do not share common themes and patterns were eliminated from the analysis.
6. At the conclusion of the data analysis stage, transcripts were emailed to each participant to ensure accuracy. Opportunities were given for participants to allow us to meet again within 1 week of the interview to share input they may want to add and any discrepancies that required correction.

Instrumentation

Due to the nature of a qualitative approach, I considered myself to be the sole instrument for this study. Once approval was granted to conduct the study from Walden's Institutional Review Board (IRB), I took the role of researcher performing tasks such as recruiting participants, implementing the interview process, collecting data, conducting analysis of data, and interpreting results. It was my responsibility to eliminate any bias that may appear due to having worked in the field of mental health as a counselor. Bias could have arisen as I am also a member of the baby boomer generation and will need to place importance on objectivity restricting my own beliefs and experiences as a member of this generation. Using a personal journal was implemented to record my reflections of any personal opinions or feelings that may have arisen throughout this study. Memoing during the data collection process involved writing notes to myself that described aspects of external influences and subject matter that I perceived as relevant. These notes brought awareness to the analysis process through formation of categories and emerging patterns from the data.

Ethical Considerations

Because participants in this study were not considered to be part of a vulnerable population, it was not necessary to have strict procedures in place to ensure added protection. However, maintaining trustworthiness by adhering to confidentiality to avoid disclosing identifying information was necessary. Risk was involved in jeopardizing their standing with their jobs by disclosing information which may be controversial within the policies of their employers. Providing confidentiality of participants encouraged openness in sharing their opinions, experiences, and feelings. In this respect, confidentiality was upheld to the highest degree of importance while conducting the interviews.

I informed participants that I am the only person who will have access to their identities and data gathered. A numerical procedure was created to identify each participant with the first participant known as P1, the second participant as P2 and so forth. Participants were also informed that their involvement in this study was strictly voluntary and they could withdraw from the study at any point. The data that the withdraw participants provided was deleted from the audio recordings to eliminate any involvement in the study.

To comply with Walden's record keeping procedures, the collected data was kept in a locked file cabinet at my residence. This included any written notes, audio recordings, the actual recording device that was used, transcripts of interviews, and any other materials that pertained to the data collected including journaling and memoing tools. All data including handwritten notes, electronic output, and recruitment flyers were also stored in this locked file cabinet. All materials were kept in this locked cabinet no

longer than 5 years at which time they will be destroyed using the appropriate methods to accomplish this.

Summary

In this chapter, the research methodology was discussed in detail. This included the rationale for using a generic qualitative approach as the research design. Reasons for not using other types of research designs was discussed citing the practicality involved for the less restrictive generic qualitative approach. The RQ was restated to justify using a generic qualitative study due to the general nature of the study. Selection and descriptions of participants were explained. Also mentioned was the type and rationale of the sampling process that led to information-rich data. Explanations of the interview process was discussed as well. Data collection and analysis procedures were included along with the instrumentation process. Ways of alleviating bias that may arise with myself as the researcher was discussed. A detailed review of ethical considerations was also addressed, outlining ways to handle data collection that will address privacy of the participants, and handling the data in an appropriate manner.

For Chapter 4, a discussion was presented on the findings of this study. The purpose of the study and a restatement of the RQ was included. Description of the setting, type of participants, and how the interviews were conducted addressed. Descriptions also showed methods of collecting and analyzing the data. Lastly, trustworthiness was shown with the chapter concluding with results from the study. A summary describing highlights of the chapter will reinforce the information presented.

Chapter 4: Results

The purpose of the generic qualitative study was to explore the perspectives of LCSWs who have worked with L-E boomers born between 1946 to 1955 who had been diagnosed with depression. In this chapter, I disclosed the data collected from the interviews. The interviews were conducted until data saturation was achieved. In this chapter I also explain information regarding the process concerning the collection, management, and analysis of data. The following research question guided the study:

RQ: Based on the perspectives of LCSWs, what are their experiences working with L-E boomers diagnosed with depression?

Chapter 4 provides details of my process for deriving themes and subthemes based on the RQ. I explain the perspectives of LCSWs as pulled from the data provided by the interview transcripts.

Setting of the Study

Approval was given by Walden University's Institution Review Board (IRB) on August 24, 2020, to conduct this research (IRB approval #08-24-20-040782). As previously mentioned, this chapter provides results from data collected from telephone recorded interviews providing the perspectives of six LCSWs who have worked with L-E boomers born between 1946 to 1955 who had been diagnosed with depression. Participants were recruited by InFocus Marketing via mass emailers. Infocus Marketing works closely with the National Association of Social Workers. Interested participants responded to the recruitment flyer by sending an email back to me with their phone numbers. I then provided them with an informed consent form. If they agreed to the

details in the informed consent, they responded back to me via email using the words "I consent." This recognized that they had no concerns or questions about the study. These participants were informed that their participation in the study was voluntary, and they agreed to have their interviews recorded via phone calls through use of an audio recorder.

Demographics

Participants were LCSWs who had worked in the field of mental health post-graduation from an accredited graduate school of social work. As LCSWs, they had been certified as licensed social workers by passing a written exam. All participants practiced in various areas in the United States and completed the necessary number of hours under clinical supervision while working as a social worker. Participants in the study were non-specified in age who specialized in working with baby boomers aged 65 and older diagnosed with depression. There were five females and one male LCSWs who participated. Employers of these participants were either in private practices, hospitals with inpatient or outpatient venues of mental health programs, community mental health centers, or in senior living centers.

Data Collection

A total of six participants were used in this study. Because mass marketing email flyers were sent to LCSWs throughout the country, the largest number of participants interested and eligible totaled six participants. I conducted interviews behind my closed-door home office. Each participant was interviewed only one time. It took approximately 2 weeks to complete the entire interview process for all six participants with each interview lasting from 20 minutes to 45 minutes. The data was recorded using a tape

recorder via telephone. I chose to use a tape recorder that I was familiar with. The sound was captured from a speaker phone and transferred to the tape recorder by placing the phone on top of the recorder's microphone. Data was transcribed verbatim providing a textual content format.

It should be noted that during the time of the recruitment process, a worldwide pandemic occurred causing the United States to shut down. This unusual circumstance may have led to why there was a limited amount of interest in participating in the study. A variation occurred that to adding a subquestion to Interview Question #1, which asked how participants were affected by the pandemic in the way they worked with their clients.

I employed member checking once the data was collected. Transcripts of the interviews were emailed to each participant for their review to catch any inaccuracies or errors. The participants were given 1 week to respond if they disagreed with anything in the transcripts. All six participants agreed with the information in the transcripts, therefore, changes to the data were not necessary.

Thematic content analysis as a qualitative method to analyze the data. I recorded the interviews using a tape recorder. The tapes were kept in a locked cabinet in my home office. I transcribed the interviews verbatim by listening to the recordings. I used NVIVO 12 Plus to manage, store, and analyze the data. I reviewed interviews ensuring that each statement was appropriately selected to be used in the findings and to be coded as a theme. I carefully read through each transcript to make sure I kept the participants' exact

words. Filler words such as “um” and “uh” were kept reflecting the thought processes of the participants adding authenticity to the data.

Codes and Themes

I searched for emerging themes with assigned codes for each section of the data. These themes were relevant to the research question. The first step in this process was uploading the participants’ interviews into NVIVO. The first round of coding was completed leading to further refinement for each code. I looked for supportive quotations from the distinct themes, which materialized as follows: (a) obstacles to successful client therapy, (b) emergence of Covid 19, (c) rewarding experiences that derived from working with L-E boomers, (d) the role that the use of drugs and alcohol played with L-E boomers, and (e) cultural aspects of L-E boomers that surfaced during therapy sessions.

Thematic Results

Table 1 reveals the study’s themes, their meanings, and examples of evidence. This table offers a summary of specific details that describe the results from the interviews conducted with the LCSW participants. The evidence provided is in the participants’ own words.

Table 1

Theme, Meaning, and Example Evidence

Themes	Meaning	Example evidence
Obstacles to successful client therapy	The data revealed that participants noted a number of obstacles about their clients regarding successful therapy. They would be demographics, physical pain, deteriorating health, grief management, resistance to treatment, and remembering the past.	P1 stated, "I tried every avenue and she, I tried for over two years and I said to myself, "You've done as much as you can" and I said to her, "How about we work through where we began and where are now?" and she was more than willing to do that and I said, "You know it seems to me essentially you're at a place where your husband left and it's very hard to move on" and she said, "Yes" and I said, "Do you know why that is?" and she said, "If I move on I'll forget him."
Emergence of Covid 19	The data revealed two ways this theme affected the LCSWs' treatment with L-E boomers. The first way was the loss of personal touch of face-to-face sessions. The other was the L-E boomers losing contact with their friends and loved ones due to the restrictions imposed because of the pandemic.	P3 stated, "It has been a major impact and it's affected me in the form of, I'm sorry, affected them in the therapeutic alliance in the sense of it alters the setting sometimes in which we are able to meet so initially it was shifting from in-person visits to phone visits…" P2 said about the loss of contact, "That was a major issue and so working through the oh sometimes anger, bitterness, resentment, helplessness that occurred in that aspect of not being present with their loved one because of the Covid restriction."
Rewarding experiences of working with L-E Boomers	The LCSW participants discussed goals and changes relating to their rewarding experiences from their work with L-E boomers.	P1 shared about her client's reluctance to go through therapy initially that after 8 sessions, she felt that she got what she needed. Her husband attended the last session and was thankful for "getting my wife back."
The role that the use of drugs and alcohol played with L-E boomers	The consensus among the LCSW participants was there was a higher rate of alcohol use than with other drugs. However, prescription tranquilizers were common among L-E boomers to relieve depression and anxiety.	P1 said, "I think for some folks who are depressed they drink because for the moment they feel better but of course there's a kickback where you feel even more depressed. P2 said, "But I do have some who are you know, still addicted to their Xanax or their Ativan and you know, think that they can't manage their depression unless they're using something so I do talk about that a lot; that that's not a cure.
Cultural aspects of L-E boomers that surfaced during therapy sessions	The data revealed cultural aspects relating to events of the 1960's and 70's especially with the Women's Liberation Movement and being raised by parents of the WWII generation.	P2 commented, "…where certainly women gained a real foot hold, ya know in working and having a profession and having a career so they think differently." P3 said,…"with my clients were children of the World War II generation where they may talk about how their parents raised them."

Theme 1: Obstacles to Successful Client Therapy

Demographics of the clients were found to play a role in the progress of therapy for depression. While talking with the LCSW participants, they all noted demographic constructs that related to their clients. In defining who their clients are, (P3) explained that they are children of WWII generation parents. The clients were raised with a certain moral compass, values, beliefs, and expectations that define who they are. (P5) said of her clients, "They are stoic and pride themselves on being so." (P6) shared that her L-E boomer clients save and see the value of not being wasteful. The L-E boomer clients of (P2) are known to find talking about sex to be easy to do, as well as, being more independent, more resilient, and utilizing life skills more than other generations she has treated.

The LCSW participants also talked about obstacles that include physical pain, which could impact the frequency of appointments. (P6) explained, "So I think a lot of times there's chronic pain so, um, that can affect the frequency of appointments. Number two, I think that to tolerate a session, um, the need to be able to attend to movement and incorporating that into the session."

(P4) brought up another obstacle by stating, "When they continue to age, their health deteriorates." In addition to their deteriorating health, L-E boomers may also be caring for their parents. (P5) stated that some of his clients have financial constraints, which can be an obstacle. (P5) went on to explain that some L-E boomers may only have Medicare, which does not pay for depression therapy. He elaborated that his clients are on a fixed income and cannot support access to therapy.

(P3) talked about grief management as an obstacle. She described her client's therapy as being "couched in bereavement." (P3) discussed further that her clients have preconceived notions as to what their grief will look like as far as symptoms and duration. (P3) also pointed out that pre-existing conditions such as mental illness that includes anxiety and depression can exacerbate the grief management process. (P3) explained:

> Dealing with the grief issues particularly if there are any issue of mental illness in that population, I think it's a surprise as to the depth of the symptoms that can occur and then any myths that also arise about the grieving process and how difficult loss is and that I think can add to anybody who already has depression or anxiety.

Resistance is also seen as an obstacle. While resistance is not an issue for every client, the LCSW participants talked about clients being resistant to treatment and therapeutic interventions. Such treatments include cognitive restructuring, basic CBT, and narrative/storytelling. Some clients are resistant to change in general saying they do not want to change. An example of this was given by (P1) sharing:

> I tried every avenue and she, I tried for over two years, and I said to myself, "You've done as much as you can" and I said to her, "How about we work through where we began and where we are now?" And she was more than willing to do that and I said, "You know it seems to me essentially you're at a place where your husband left and it's very hard to move on" and she said, "Yes" and I said "Do you know why that is?" And she said, "If I move on I'll forget him." She

> just had this conceptualization that if she moved on that she had left her husband and so I said to her "Maybe it's ok if you don't want to make changes" and she says "Actually I really don't" and she actually felt some relief that, um, she could stay where she's at. We agreed that she's more than welcome to periodically touch base after x amount of time. I would go ahead and close her records and we could always have it reopened if she wanted to.

Another obstacle that surfaced in an interview with (P2) was about remembering the past. (P2) found that remembering the past hinders progress. (P2) explained that L-E boomers think about what they used to do such as driving or working. (P2's) clients also have a strong attachment to materialistic items and think about what they use to have such as living in their own home. The next theme that was prominent in the data was the emergence of Covid-19.

Theme 2: Emergence of Covid-19

As a sub question to interview Question #1, Covid-19 was discussed as a topic that could affect the LCSW participants treatment with L-E boomers. This was demonstrated in two ways. The first being the loss of the personal touch of face-to-face sessions with their clients and the other was the isolationism that resulted from their clients losing contact with friends or loved ones due to the restrictions imposed because of the pandemic.

With the loss of face-to-face sessions, treatment was provided through technological means such as telehealth or virtually by way of computers. (P2) discussed the impact this had on her clients. She stated the following:

> I mean first of all we went from I usually went to see my clients. We have a unique service where I went to their home or went to their assisted living facility or went to their apartment, ya know. They didn't have to come to me um because many of them couldn't drive anymore or they had health conditions. Ok so we lost kind of that one-on-one kind of visual experience and so many of my clients while they have some knowledge of technology they still have lagged behind being able to keep up with technology or their computer is older so that to me had made it more difficult although everybody pretty much transitioned pretty well as far as keeping up with their therapy. I don't think I've lost any clients, ya know, because we went to telecounseling but it was difficult. Ya know, they had to make a real adjustment.

(P3) agreed stating:

> It has been a major impact and it's affected me in the form of, I'm sorry, affected them in the therapeutic alliance in the sense of it alters the setting sometimes in which we are able to meet so initially it was shifting from in-person visits to phone visits and when our organization got on board to a virtual platform then we were able to do a virtual platform if they felt comfortable doing that. Sometimes they either had discomfort or weren't sure or just find using the phone.

(P6) explained, "So I would say that, um, it doesn't really interfere other than that piece of the comfort level with telehealth and we actually worked that through for most people to a level of comfort."

Participants shared about the isolationism and feelings of being cut-off from family and friends as a result of Covid-19. Restrictions put in place to keep people safe from catching the virus left participants' clients feeling lonely and alone. (P2) shared, "I think it also emphasized a sense of isolation because of Covid because they weren't seeing anybody." (P2) also shared how assisted living facilities were a factor with restrictions and isolation as follows explaining the following, "Especially not as much if they were living in their own home but with assisted living, that has been very restrictive. I think they notice it more, the isolation, because they're not in charge of anything."

(P3) brought up how Covid restrictions affected her client's family and friends. She stated:

> That's a part of it and the other part of it was in some cases their loved ones were either in the hospital or at one of our local ALF or SNF and there were restrictions of course, with their ability to be in contact with their loved ones. That was a major issue and so working through the, oh, sometimes anger, bitterness, resentment, helplessness that occurred in that aspect of not being present with their loved one because of the Covid restriction.

(P5), who works as a LCSW in a hospital, stated the following perspective about restrictions and isolation:

> Restrictive visits were the policies. With consideration if they're going into long term care, and kind of care setting, it's restrictive so that also complicated it because they could have visitors in the hospital and they they're gonna go to a facility where they couldn't have any so that's really been challenging.

The third theme of significance were the rewarding experiences of working with L-E boomers.

Theme 3: Rewarding Experiences of Working with L-E Boomers

The LCSW participants discussed goals and changes which related to rewarding experiences from their work with L-E boomers. These experiences included skill-building, a decrease of symptoms of anxiety and depression, and therapeutic a-ha moments. (P1) shared the following rewarding experience:

> There's been one person said she initially was feeling very anxious and had a lot of uh, signs that suggest panic attacks and other kinds of anxiety and we used a lot of skill-building around that and it took all of maybe 8 sessions through telehealth, of course, and um, she really felt that she got what she needed. She clearly demonstrated that she actually brought her husband into the last session and he said "Thank you for giving me my wife back."

(P1) also shared about the techniques that she used that led to a rewarding experience for her. She explained,

> It really depends on the individual and what they're bringing but the client I was just describing, after the intake I always give 1 or 2 tools they want to try or resources and with her I suggested that she try the calm and the next session she said "Is that working well. I've had moments where I'm not anxious."

(P2) shared about her rewarding experiences saying, "I think it's rewarding to work with any older adults. I mean, I specifically chose older adults because I think they have a rich life experience." (P2) goes on to elaborate the following:

> They're pretty open about discussing many aspects of their lives and very personal. Ya know, they're willing to talk about sex where I don't get that with my older older people. They are more open to alternative healing methods, you know, so they'll work better with meditation, relaxation, breathing exercises. Also, I've helped a couple of my clients get a medical marijuana card, ya know, which enhanced them to manage pain and anxiety.

(P2) also is"a little bit more willing to take risks and to be able to look at these things and be more open about it."

(P3), who works as a grief and loss therapist, described her rewarding experiences as "therapeutic a-ha moments" and explained,

> When ya know you are listening to aspects of family history and looking back with them on the certain times like their certain times as a child and their certain times as an adult when realizing how the pieces fall together in that relationship or being able to ya know, that cognitive restructuring looking back at that relationship and I think, "Oh gosh, that may be that was why they did what they did" so I guess that would be the most rewarding when in your in that therapeutic process when you're helping them shift their perspective allowing them to come to terms with so it may be a prior unresolved issue with a loved one and will always be in the context of a loved one.

(P4) shared the following rewarding experience:

> I enjoy my older clients because they bring a lot of wisdom. I have baby boomers gay and lesbian, widowed, divorced, married, um, I've had them all even past

> baby boomers. I don't know what the next generation is, but I've had them in their 80's um, and they bring great wisdom to every session. I like to hear their stories.

(P6) talked about the lived wisdom of L-E boomers as she explained:

> I think there's so much lived wisdom and that it surfaces once the alliance is established and there's this ability to create space with the leading-edge boomers of how they gotten through other challenges in their life and how we use those strengths and those experiences lived and gained from those to help them now.

The fourth theme that emerged from the data was the role that the use of drugs and alcohol played with L-E boomers.

Theme 4: The Role That the Use of Drugs and Alcohol Played with L-E Boomers

The role that the use of drugs and alcohol played with L-E boomers was discussed with the LCSW participants. A consensus among most of the participants was that there is more of a problem with alcohol than with drugs, especially recreational drugs. (P1) began by using one word to identify the problem then further explained how alcohol has a negative effect with those with depression:

> Alcohol. I think a higher incidence of alcohol use with folks who are retired in particular with a male or female who are single. But I do think with alcohol is an outlet to socialize especially with men. I live in an area where there's lots of golf courses and stuff and um that's kind of what guys do. They kind of bet on the game and after work they go to the clubhouse and have a couple of drinks and so on and that causes problems obviously not just with mental health but with their

> physical health and wellbeing. I think there's been one or two people because of anxiety they've been drinking um I think for some folks who are depressed they drink because for the moment they feel better but of course there's a kickback when you feel even more depressed.

(P5) shared, "Alcohol is the main one. There's some patients that we get with other substances but I would say alcohol is the main issue." (P5) went on to explain when comparing alcohol to other substances, "Most of the ones that would be mostly debilitating would be alcohol."

(P6) said the following about alcohol use:

> I would say that it's not uncommon. It's more than 50% of the time. That is a way to cope that many of the boomers that I talk to was, ya know, "That's just what our family did" (inaudible) and so there's an education opportunity there. Most boomers are surprised when I talk about low risk levels of alcohol based on the CDC; what that is and like "What?" ya know, a 5 ounce glass of wine for a woman no more than 4 times a week is what the CDC says and that's pretty shocking for a lot of women where they've always had a glass of wine with dinner…I think that there's a good response to that non-judgmental concern about your health. It changes as you age with your metabolism. It affects me so I think a lot of times they don't make that (inaudible) like not recognizing that alcohol is a factor with them.

(P2) emphasized the importance of her clients' substance use issues before being able to engage in therapy. She said:

> I think it's more of a socioeconomic problem and educational level. I think they might be more accepting of continuing to drink while in their older age but the drug and alcohol problems that I see in my baby boomer clients are people that had a substance abuse problem before and just never really addressed it and ya know, I do kind of have a policy that if they're not willing to address their drug and alcohol addiction, we can't really do counseling in that sense. That has to be addressed first and some are willing to do it, and some don't have a choice because something happens to them health-wise and that automatically changes their addiction.

Despite alcohol being the predominant substance, prescription tranquilizers are also a problem for LCSWs' clients.

The LCSWs who participated in this study reported that their clients use prescription tranquilizers to deal with their anxiety and depression. (P2) said:

> But I do have some people who are you know still addicted to their Xanax or their Ativan and you know, think that they can't manage their depression unless they're using something and so I do talk about that a lot, that that's not a cure.

(P4) agreed and added, "But there is a prevalence for overmedication of psychotropic drugs." She further explained, "It is very common that they are overusing or um crutching on medications prescribed by their MDs." She explained, "It is because a lot of baby boomers have been on the same psychotropic drugs for 20 years and they're still suffering depression."

(P5) stated, “The benzos were the ones that were prescribed pretty freely.” This participant was referring to a class of prescription drugs known as Benzodiazepines. These drugs are controlled substances such as Valium and Ativan. They are highly addictive and require careful monitoring especially due to the increased tolerance and negative effects of withdrawal when stopping these drugs. The next theme that emerged from the data examined the cultural aspects of L-E boomers that surfaced during therapy sessions.

Theme 5: Cultural Aspects of L-E Boomers That Surfaced During Therapy Sessions

The data revealed cultural aspects that related to L-E boomers especially during the period of the 1960s and 70s. A cultural aspect that was significant for L-E boomers was the Women’s Liberation Movement (WLM) where women made great strides in gaining equality with men both personally and professionally. (P1) described an interaction she had with her L-E boomer client and said, “I specifically asked if you’ve ever been arrested, spent time in jail with a DWI and the person said to me, “Well not really,” and I probed further and she said to me, “Well in the ‘60s I was arrested for burning my bra.”

(P2) described the WLM as “…a real sense of assertiveness and independence because that it was a generation where certainly women gained a real foot hold, ya know, in working and having a profession and having a career so they think differently.” P4 shared the following perspective,

> Um, I had a particular patient, she was a lesbian and partnered, and she grew up in the Harvey Milk era in San Francisco, ya know. She was a…it’s funny you

> mentioned kinda the feminism, and she was a real advocate. She had her Ph.D and she was a real advocate for lesbian and gay rights so I learned a lot from her because that is not my environment.

Another cultural aspect that came forward was about how L-E boomers were raised by parents of the Depression and WWII era. (P3) stated:

> There has been probably I can categorize that in my clients probably with my clients were adult children of the World War II generation where they may talk about how their parents raised them and having certain values or having certain beliefs that came about in having expectations, behavioral expectations, that may have interfered in their functioning as an adult, um sometimes it came out in terms of endearing thoughts about how they enjoyed certain aspects of their family life and traditions and values they were raised with and sometimes that would come out in negative ways feeling like oh it (inaudible) their growth and um so now they may mention how they did things differently with their children.

(P6) said:

> What they bring is the generation that their parents were raised in affects how they were raised and so it really is a big part of their values and how they make choices and decisions in their life and so a lot of the leading-edge boomers would have parents say in the Depression era. The culture of that stoicism and saving and using things like trying to use everything so not being wasteful and seeing the value of not being wasteful so I think that is part of the culture.

(P6) also described the culture of L-E boomers as it related to reasons for why social workers may choose to work with other generations rather than L-E boomers. She stated:

> That also a cultural piece that there are beliefs that older adults don't want to engage and I think that comes from that stoicism I was talking about and kinda that culture before where "What would you go see a therapist for? Get on with it. Think positive. You're not crazy." That kind of culture and so a lot of times the older adults themselves will have that message to providers and so I think that that bleeds into people not choosing to focus on this population.

Religion and faith emerged from the data as another cultural aspect yet only two participants spoke about this during their interviews with very brief responses. (P4) said about her L-E boomer clients, "They live in great fear but that is also if you dissect the patient as to culture, belief, religion, faith, all those things, it's very clear in my practice that those who have no faith have greater fear." (P5) said, "It depends on their culture, religion, um, somebody with a certain kind of a religion often times (inaudible) checking in on them."

The last cultural aspect shared by the most LCSWS was about wisdom and life experience. (P4) said, "I enjoy my older clients because they bring a lot of wisdom." Further along in the interview, she said, "So they bring a lot of wisdom and life experience and for me when they bring that to the table, I ask them to use that to medicate their depression." (P5) said, "…they'll tell you about their experience and history." (P6) said, "I think that there's so much lived wisdom and that it surfaces once

the alliance is established…" The alliance she spoke of is the therapeutic bond that forms when the client develops trust and openness with the therapist over a period of time.

Evidence of Trustworthiness

Credibility

Credibility or validity uses such strategies as prolonged engagement. This can produce rich, thick data the more time that is spent with the participant in collecting data. Trust will likely be a product of this expanded length of time as they are able to establish familiarity by getting to know each other. These participants were recruited using a mass marketing company through email. Six participants signed the informed consent form and agreed to be in the interview. The only issue that came up during the interviews was the topic of Covid 19. This was addressed by asking the participants directly how they dealt with Covid 19 with their clients and how it affected their ability to perform their job.

Transferability

Sample size is considered when deciding what is the most appropriate number of participants needed to establish credible data. Along with this, seeking data from a participant familiar with L-E boomers led to little variation in selection of participants as all were practicing LCSWs who worked with L-E boomers diagnosed with depression. Therefore, transferability can be accomplished due to a small amount of variation of participants. The research was conducted, and the results might be replicated by other researchers with the possibility of similar results.

Dependability

Dependability can be achieved by way of audit trails or triangulation. Audit trails are used when findings are suspect or unrealistic (Morse, 2015). As measures were taken to eliminate bias from this study by becoming aware of any personal issues that surfaced and correcting them when necessary. In this study, dependability was achieved by employing triangulation using the data sources obtained from interviews. In addition, I took notes on my reflections and opinions as well as interpreted meanings gathered from the responses of the interviewees. Morse (2015) described triangulation as using two sets of data sources to answer the question. I accomplished this by using the data given from the interviewee and compared this with my notes in a journal that evaluated my reflections of the data. Dependability of the data was therefore accomplished by use of this strategy.

Confirmability

Confirmability was derived by using reflexivity. Using first person text to describe the role of the researcher was a part of this strategy. This was one way to highlight influential underpinnings of the researcher that was based on personal, social and theoretical reflection. Objectivity was promoted because of this strategy. I used NVivo to analyze my data. Data was transcribed using an old-fashioned tape recorder. The data was reviewed, and adjustments were made through listening to the recordings confirming those recordings through the data in NVivo. I transcribed the data by hand. All biases were set aside during this process.

Summary

This generic qualitative study was designed to capture the perspectives of LCSWs who work with L-E boomers who are diagnosed with depression. The intention was to gain a greater understanding of what it is like for LCSWs working with L-E boomers diagnosed with depression. The research question was created by using the generational theory. A qualitative approach was used to gain a greater understanding of the perspectives of LCSWs who had provided mental health therapy for L-E boomers diagnosed with depression. The data analysis revealed five themes which emerged from the data. They are obstacles to successful client therapy and emergence of Covid 19. In addition, rewarding experiences of working with L-E boomers were examined as well as the role that the use of drugs and alcohol played with L-E boomers. Also, cultural aspects of L-E boomers were identified that surfaced during therapy sessions. The participants were willing to share their perspectives by engaging in interviews that I conducted. Chapter 5 includes the interpretation of the findings, limitations of the study, a discussion for recommendations of future research, and applications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this generic qualitative study was to gain a greater understanding of the perspectives of LCSWs who have worked with L-E boomers diagnosed with depression. The scholarly focus on L-E boomers came about because this cohort born between 1946 to 1955 were shown to have a greater need for mental health services as they continued to reach age 65 and the large size of this cohort compared to other generational cohorts. The literature showed a limited amount of research for this cohort despite the increased need for mental health services for those diagnosed with depression. The literature also indicated a shortage of social workers interested in working with this population for a variety of reasons. This study was justified by a lack of interest from social work students in specializing in gerontological social work (Chonody & Wang, 2014; Duyan et al., 2016). As baby boomers continue to age and show a greater need of services, this study can provide insight into working in mental health with L-E boomers.

The six participants for this study were LCSWs who have provided mental health treatment for L-E boomers diagnosed with depression. I used a generic qualitative design to gain an increased understanding of the perspectives of LCSWs who have provided mental health treatment for L-E boomers diagnosed with depression. In this Chapter, I provided an interpretation of the findings presented in Chapter 4 and compared this with some of the literature reviewed from Chapter 2. Subsequently, I presented the limitations of the study and recommendations for future research. Lastly, I provided social change implications followed by a summary of this chapter.

Interpretation of the Findings

Based on the generational theory, which was the theoretical framework of this study, the findings show how the baby boomer generation share similar beliefs and values. These beliefs and values served as the backdrop in understanding depression of L-E boomers based on the perspectives of the LCSW participants. According to Mannheim (1952), those who belong to the same generation will share similar experiences and beliefs. These shared experiences and beliefs influence thought processes, values, and beliefs. Due to the similarities of these experiences and beliefs from L-E boomers, patterns and themes emerged from the data making analysis and interpretation of the findings possible.

The significant findings of the generic qualitative study were interpreted relative to data collected from the LCSW participants, the RQ, and the literature review discussed in Chapter 2. The findings from the study reflected the perspectives pertaining to how the LCSWs conducted therapy with L-E boomers. In general, some of these findings were consistent with the literature reviewed in Chapter 2. For example, the purpose of this study was to gain additional insight of the perspectives of LCSWS who work with L-E boomers diagnosed with depression. Using LCSWs as participants was appropriate-because they are the most common type of social worker in dealing with L-E boomers to diagnose, treat, and provide guidance to those experiencing depression (Bureau of Labor Statistics, 2018). As the participants described their perspectives of working with L-E boomers, five themes emerged from the data. Those themes were (a) obstacles to successful client therapy, (b) emergence of Covid 19, (c) rewarding experiences that

derived from working with L-E boomers, (d) the role that the use of drugs and alcohol played with L-E boomers, and (e) cultural aspects of L-E boomers that surfaced during therapy sessions.

I compared obstacles to successful client therapy to the research revied in Chapter 2 known as barriers to treatment. It was noted in Chapter 2 that a minimal number of studies were done relating to barriers to treatment even though this study's data revealed that obstacles existed to successful client therapy. Wuthrich and Frei (2015) concluded that a larger number of interventions should be provided to enhance knowledge of what is effective for a successful therapeutic outcome. They discovered that referrals from other professionals for mental health treatment led to a greater amount of engagement in mental health therapy and minimized the gap of older adults who resisted therapy for depression. Participants from this study shared that L-E boomers showed resistance to therapy because they felt that they didn't need therapy even though their symptoms of depression indicated otherwise. Had they been given more assessments and referrals for treatment of depression, they may have pursued therapy for treatment of depression.

Also noteworthy was Wuthrich and Frei's (2015) study that showed logistical barriers such as transportation problems and upholding commitments to appointments were not significant barriers. The data from this study concurred with that study as nothing was mentioned from participants pertaining to these potential barriers. Obstacles that were mentioned had to do with resistance to treatment such as having a desire to change old thought patterns and habits. The data found that L-E boomers were resistant to change. L-E boomers also wanted to hold onto the past by focusing on remembering

what they used to have or what they used to be able to do but are not able to do now such as having a job or driving a car.

The next significant finding from the data was the emergence of Covid-19. The data revealed that this became an obstacle to treatment as in-person sessions were changed to technological means of meeting with clients. Also, a factor was the onset of restrictions for meeting with friends and loved ones. This led to feelings of isolation for the L-E boomer clients, which exacerbated their symptoms of depression even more. As Covid-19 was not a factor at the time that Chapter 2 was written, there was no literature to present to coincide with this significant finding.

The next significant finding was the rewarding experiences of LCSWs in working with L-E boomers. Although data revealed rewarding experiences that LCSW participants shared, no literature was found that aligned with this significant finding. Some of the rewarding experiences that LCSW participants shared related to positive changes made by their L-E boomer clients and the achievement of goals. These goals dealt with enhanced skill-building, decreased symptoms of anxiety and depression, and therapeutic "a-ha moments" that the participant had with the client. Therapeutic a-ha moments entailed helping their clients shift their perspectives to more positive ways of being.

Another experience shared by several participants was the amount of wisdom their clients exhibited. Along with this, were the strengths and lived experiences of the L-E boomers that they used to help them lessen their symptoms of depression. Dutt et al. (2018) conducted a study that found that mindfulness and decreased negative repetitive

thought processes promoted a decline in depressive symptoms for this age group. Another kind of treatment found in the literature as well as responses from the participants was CBT. Internet-delivered CBT (iCBT) was shown to be an effective and a scalable intervention that led to easier accessibility and convenience for L-E boomers (Hobbs et al., 2018). Further, iCBT was shown to be an effective treatment for older adults with depression that is measurable and an evidence-based treatment option (Hobbs et al., 2018; Titov et al., 2015). The majority of the participants mentioned CBT as part of their treatment interventions that worked well for those diagnosed with depression. iCBT would be an appropriate form of treatment intervention as therapists are able to use technology as part of their treatment approach. This is especially helpful given the restrictions presented by Covid 19. Another participant shared using alternative methods of interventions that resulted in rewarding outcomes to include deep breathing and other relaxation exercises. All of these interventions left participants to feel that they were actually making a difference in reducing depressive symptoms with their L-E boomer clients. Even though there were rewarding experiences in working with this cohort, a shortage of LCSWs was mentioned in the interview data as well, which was backed up by scholarly literature.

I asked all six participants their perspective on why there appears to be a shortage of social workers willing to work with L-E boomers. The consensus was that some social workers would rather work with younger clients because they felt that these younger clients were more motivated to change. They also would rather work in the field of child placement services. The literature indicated a shortage of social worker students choosing

to specialize in gerontological social work compared to other specializations of social work (Chonody & Wang, 2014; Duyan et al., 2016). Duyan et al. (2016) conceded that creating positive ideas related to aging and focusing on the benefits of working with L-E boomers may encourage students' desire to specialize in working with L-E boomers. Duyan et al. (2016) also found that an increased desire to work with this cohort is accomplished through education and students' examination of their own biases and attitudes concerning older adults. The combination of formal education related to this subject and practical experience working with these older clients may produce a heightened interest in specializing in working with older adults (Shah et al., 2017; Smith, 2013).

Another significant finding was the role that alcohol and drugs played in working with L-E boomers. The predominant substance of abuse was alcohol according to the majority of LCSW participants. This can be attributed to the ease in accessibility of alcohol as well as the societal norm that drinking alcohol represents in this country. In addition, a factor is the ability to self-medicate depressive symptoms with the use of alcohol. Barbosa-Leiker et al., (2014) determined in their quantitative study that a higher incidence of stress promotes symptoms of depression that leads to a higher risk of using alcohol to cope. Assessing stress levels of L-E boomers must be part of the clinical screening process as the use of alcohol may be overlooked, which could lead to ineffective treatment interventions.

Another aspect of the role of drugs and alcohol among L-E boomers was the high incidence of prescription medications such as major tranquilizers including Valium and

Ativan. Several participants implied that a high rate of overprescribing tranquilizers and other psychotropic medications interfered with their treatment interventions. The literature reviewed in Chapter 2 discussed the misuse of prescribed opioid pain medication. Cochran et al. (2017) asserted that increased focus for social workers should be placed on the potential for older adults' abuse of prescribed pain medication. Chang (2018) reported concern of the limited knowledge of opioid misuse by older adults and the increased growth of opioid drugs prescribed by the medical profession for older adults leading to abuse of these types of drugs. Despite the emphasis placed in the literature on opioid drugs, these types of drugs were not mentioned by the six participants of this study. Perhaps as greater attention has been attributed to opioid misuse over the past several years, opioids have become less problematic. The focus of all six participants was the extensive use of alcohol for L-E boomers. In addition to the role of alcohol and drugs with L-E boomers, family and social support was found in the literature as well as in the cultural aspects of L-E boomers.

This leads to the next significant finding of cultural aspects of L-E boomers. Even though the participants did not mention directly how social and family support played a role in cultural aspects, they did emphasize the importance of how they were raised by the World War II generation. This affected how they raised their own children. The literature stressed that the level and types of support networks for L-E boomers played a significant role in how these people experience varying degrees of depression (Fuller-Iglesias, et al., 2015; Holfreter, et al., 2017; Stoeckel & Litwin, 2016) Holfreter et al. (2017) conceded that family relationships that provide strong support systems serves as

protective factors against worsening depressive symptoms. Also important is encouraging participation in social activities.

Wisdom and life experience were emphasized by the participants of the study as a dominant cultural aspect of L-E boomers, yet this was not found directly in the literature. The LCSWs emphasized this as a strength that would help decrease symptoms of depression. Perhaps more research is needed for this topic with studies done to inform the importance of wisdom and life experience as a characteristic of L-E boomers.

Limitations of the Study

Several limitations of the study existed as was originally mentioned in Chapter 1. The first limitation was the small sample size of six participants. This was a result of the convenience and lack of availability of qualified participants who were LCSWs and volunteered to take part in the study. A lack of generalizability existed because sole examination of L-E boomers was a part of the study. In addition, more demographics of these participants could have been inquired about to give the reader a broader sense of who was being interviewed and how this could have related to the results of the study.

Another limitation was the potential for bias within myself as the researcher due to my past work experience in the capacity of a social worker even though I am not an LCSW. I have worked as a social worker providing mental health therapy which could lead to my bias of my past work in mental health influencing the participants' responses. I had to become aware of any lack of objectivity that arose during the data collection and analysis process. Along with this, I am also a member of the baby boomer generation even though I am too young to be in the L-E boomer cohort. I had to pay attention to any

personal opinions that arose and eliminated them when they became present. Fortunately, these thoughts and beliefs did not appear to be existent while conducting the data collection and analysis processes. I made sure that I took notice of any kind of bias arising during the interview process by becoming aware, then changing my thought processes and beliefs where appropriate so as not to skew the results.

Recommendations

Depression later in life is expected to increase with the increased growth of an aging population. However, the size of the workforce working with older adults is not enough to meet the services required for older adults diagnosed with depression (Hobbs et al., 2018). A recommendation would be to start with social work students in making gerontology a desirable one in which to specialize. As previously mentioned, a shortage of social work students who indicate a specialization in gerontology exists due to the lack of interest in working with older adults existed. A recommendation would be to enhance the curriculum for social work to bring forth more training that includes working with older adults. This curriculum would include both academic and practical work with L-E boomers diagnosed with depression.

Duyan et al. (2016) assert that increased positive ideas relating to aging will allow more focus on the benefits of working with older adults and encourage students' desire to specialize in working with older adults or in this case the L-E boomer cohort. Duyan et al. (2016) further explained that the desire to work with this cohort can be accomplished by students' examination of their own biases and attitudes concerning older adults. On an academic level, it may be necessary to improve and increase curriculum that include

facets of the older adult population as more knowledge may be needed to eliminate preconceived ideas that older adults are difficult to work with and unable to change. Academic programs of educating social worker students appear to be in great need due to the lack of interested social workers. This may eliminate bias and prejudice that older adults are frail and feeble therefore incapable of working on decreasing depressive symptoms.

Hobbs et al., (2018) and Titov et al., (2015) conceded that internet Cognitive Behavioral Therapy (iCBT) was an effective treatment intervention for older adults with depression that was measurable and an evidence-based treatment option. Now that society has become more technologically active especially with the onset of Covid-19 and the changes made in providing treatment, it would be beneficial for more social workers to become trained in this type of therapy. This could help L-E boomers to be more proactive in their treatment of depression thereby alleviating some of the debilitating symptoms that goes along with depression. Another treatment approach would be to expand the telemental health services of LCSWs to become more sophisticated with their approach in treating L-E boomers. Zhang et al. (2020) found in their longitudinal study that telemental health has rapidly expanded for the Veterans Health Administration (VHA). This concerns treatment of various kinds of mental health and substance abuse issues. The VHA and other large healthcare systems will need to expand the telemental health services to establish continuing treatment not just for Covid-19 but for future large-scale disasters.

Another recommendation is that additional research is needed regarding the aging population of L-E boomers. Studies are needed for this cohort as to the cultural aspects of L-E boomers. Even though participants spoke freely about the cultural aspects of L-E boomers, there was difficulty finding anything particular about cultural aspects in the literature review. This leads me to believe that there are limited studies done on this specific cohort about how cultural aspects related to L-E boomers and the way depression was treated. Studies such as what it is like to be raised by the WWII parents and the rich wisdom and depth of experiences of this population would be beneficial in designing customized treatment for this cohort.

An additional recommendation is to have quantitative research that will study the perspectives of LCSWs working with L-E boomers diagnosed with depression. This research could lead to generalizability thereby increasing the sample population to include a greater number of participants. The increase in participants could lead to more ideas about more customized treatment of depression for L-E boomers. It could also broaden the information on what works in treating L-E boomers with alleviating their depression. It would also allow for the study of dependent and independent variables enhancing the scope of information concerning perspectives of L-E boomers who treat L-E boomers diagnosed with depression. Along with this would come more treatment approaches that would better suit this cohort. It could take into consideration additional patterns and themes that were not addressed in a qualitative study due to the limited number of participants. In addition to this, more demographic variables could be considered such as race and former occupations of L-E boomers as well as cultural

aspects such as coming of age in the 1960's and the effect this had on them throughout their lives. Another demographic variable could be the religious and educational backgrounds of L-E boomers from the perspectives of LCSWs.

Implications for Social Change

L-E boomers make up a large cohort of the older adult population. Those diagnosed with depression are most likely treated by LCSWs as these professionals are the most common type of social worker to treat this cohort for depression. It was recognized during the literature search of this study that not a great number of studies were conducted for this cohort regarding depression issues. Social change can be recognized if more studies are done for this cohort as well as future generations who will be reaching this age range. It was discovered within the data results of this study that cultural aspects make up a significant characteristic of this cohort. This generation came of age in the 1960s and 70s where societal changes were experiencing social revolutions such as the Women's Liberation Movement (WLM) and the ramifications of the Viet Nam war. Also significant was the sexual revolution with the onset of the birth control pill liberating many couples to experience more freedom with how they approached sexual relationships. In addition, significant in the results of the findings were the depth of wisdom and experience that this cohort shared. The literature fell short of studies done to capture these significant findings.

These studies would inform a more customized approach to treating depression of L-E boomers by taking into consideration their unique characteristics. Curriculum in colleges and universities could include these aspects for social work students. Also

lacking in curriculum is the specific approaches to treating older adults such as L-E boomers and making it more desirable for social work students to specialize in older adults' mental health treatment. The shortage of social workers in treating this population inform that social work students would rather specialize in working with younger people such as children and adolescents as was indicated from the responses of the participants of this study. With the growing number of aging adults in this country, more mental health services are needed in treating older adults such as L-E boomers. In the future years as other cohorts of the baby boomer generation age, there will be an even greater need for mental health training. More programs are needed to be created to fulfill this need. Further research can assist in designing these programs as future generations move into the age group of older adults. Having a customized treatment approach that aligns with the culture of L-E boomers will lead to greater efficacy for success in treating those with depression. This will in turn lead to a better quality of life with decreased symptoms of depression and older adults living more productive lives.

Along with a better quality of life will serve to alleviate the prevalence of overusing alcohol and prescription drugs to self-medicate symptoms of depression. If more treatment programs were designed to treat alcohol and prescription drug abuse for this generation, L-E boomers may be more inclined to live less isolative and more active lifestyles. LCSWs would not have alcohol and drug abuse as an obstacle in treating L-E boomers diagnosed with depression.

Conclusion

This study explored the perspectives of LCSWs who provide mental health treatment for L-E boomers diagnosed with depression. The six participants shared insights into what it is like to work with L-E boomers taking into consideration five themes which emerged from the data. A generic qualitative approach was used for this study which allowed for a non-restrictive design in collecting and analyzing the data.

The findings from the data indicated a need to provide a more customized approach for treating L-E boomers diagnosed with depression. This need became apparent as L-E boomers have a unique cultural background set apart from other generations. These cultural aspects included being raised by parents of the WWII generation, coming of age at the height of the Viet Nam war, and the influence of the WLM which all led to how LCSWs approached their treatment with L-E boomers diagnosed with depression.

This study determined that more studies are needed to provide a greater understanding of the best ways to treat issues that come with having depression for older adults. LCSW participants commented on the use of CBT and other types of treatment such as alternative healing methods when treating their L-E boomer clients. A consensus found in the LCSW participants as well as from the literature reviewed in Chapter 2 that a shortage of LCSWs existed when it came to specializing in treating older adults that includes L-E boomers. As baby boomers continue to age, a large demand for services in treating depression exists. This shows a need to promote attraction of LCSW students in providing better curriculum in colleges and universities that includes more information in

treating older adults that includes L-E boomers. It is especially critical now as a greater demand of services are needed as the baby boomer generation continues to age due to the large number of people who make up this generation. Social change will occur that includes L-E boomers experiencing a better quality of life if their depression has been treated appropriately.

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Appendix: Interview Questions

While working with L-E boomers, what are some of the obstacles that you find which hinder progress?

What if any noticeable cultural aspects of the L-E boomer surface while working with them?

Can you describe any rewarding experiences that you've had working with L-E boomers? Is there a typical point which you perceive that adequate progress is being made with this client?

Evidence has shown that there is a shortage of social workers working with this demographic. From your perspective, can you account for any reasons as to why this may be the case?

How do you see the role of drugs and alcohol play as it relates to depression?

Describe ways which your clients show resistance to treatment. What type of therapeutic interventions have been helpful when this occurs?